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CENTRAL FAX CENTER**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**JAN 26 2007**

In re the Patent Application of:

Satyendra Yadav

Serial No.: 10/727,943

Confirmation No: 7401

Filed: Dec. 3, 2003

For: METHOD, APPARATUS AND SYSTEM  
FOR EXTENDING WIRELESS NETWORK  
COVERAGE

Art Unit: 2617

Examiner: Stephen D'Agosta

Assistant Commissioner for Patents  
Washington, D.C. 20231**RESPONSE**

Dear Sir:

In response to the Final Office Action mailed October 26, 2006, please consider the following remarks.



**Intel Corporation**  
Patents and Licensing  
Mailstop - JF3-147  
2111 NE 25<sup>th</sup> Avenue  
Hillsboro, Oregon 97124  
Tele - (503) 264-8286  
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**JAN 26 2007**

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Page 1 of 12

Date: January 26, 2007

To:  
Examiner Stephen D'Agosta

Fax:  
(571) 273-8300

Art Unit:  
2617

From:  
David L. Guglielmi  
Intel Corporation

Fax:  
(503) 264-1729

Mailstop:  
JF3-147

Subject:  
10/727,943

Docket Number:  
P16736

Filing Date:  
December 3, 2003

Inventor:  
Satyendra Yadav

*I hereby certify that the below listed correspondence is being facsimile transmitted to the USPTO to: Mail Stop: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 26, 2007.*

*Derek S. Watson*

*Date: January 26, 2007*

Message:

Included in this Transmission:

- Facsimile Cover Sheet (1 page)
- Transmittal Form (1 page)
- Fee Transmittal (1 page submitted in duplicate)
- Response and Amendment to Office Action (8 pages)

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**JAN 26 2007**


PTO/SB/21 (09-04)  
 Approved for use through 07/31/2008. OMB 0851-0031  
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>	Application Number	10/727,943
	Filing Date	12/03/2003
	First Named Inventor	Satyendra Yadav
	Art Unit	2617
	Examiner Name	Stephen D'Agosta
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	12	Attorney Docket Number P16736

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Fax Transmittal
Remarks <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Intel Corporation		
Signature	/David L. Guglielmi/Reg. No. 55,229/		
Printed name	David L. Guglielmi		
Date	January 26, 2007	Reg. No.	55,229

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Derek S. Watson	Date	01/26/2007

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JAN 26 2007

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006, OMB 0551-0032  
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

**FEE TRANSMITTAL**  
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

**Complete if Known**

Application Number	10/727,943
Filing Date	12/03/2003
First Named Inventor	Satyendra Yadav
Examiner Name	Stephen D'Agosta
Art Unit	2617
Attorney Docket No.	P16736

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**Fees Paid (\$)****SUBMITTED BY**

Signature	/David L. Guglielmi/Reg. No. 55,229/	Registration No. 55,229 (Attorney/Agent)	Telephone 503-712-1610
Name (Print/Type)	David L. Guglielmi Reg		Date January 26, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

## FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

### Complete if Known

Application Number	10/727,943
Filing Date	12/03/2003
First Named Inventor	Satyendra Yadav
Examiner Name	Stephen D'Agosta
Art Unit	2617
Attorney Docket No.	P16736

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

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<b>Total Claims</b>		
- 20 or HP = _____ x _____ = _____		
<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		
<b>Multiple Dependent Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

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**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**Fees Paid (\$)**

#### SUBMITTED BY

Signature	/David L. Guglielmi/Reg. No. 55,229/	Registration No. (Attorney/Agent) 55,229	Telephone 503-712-1610
Name (Print/Type)	David L. Guglielmi Reg		Date January 26, 2007

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